PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2000									79 F	tã	501	/
CLAIMS AS FILED - PART I (Column 1) (Column 2)							-	MALL E		OR	OTHER SMALL	
TC	TAL CLAIMS						Г	RATE	FEE	1	RATE	FEE
FC	R ·		NUMBER FILED		NUMBER EXTRA		8	asic fee	355.00	OR	BASIC FEE	710.00
TO	TAL CHARGEA	BLE CLAIMS	⊰ ⊈mir	เนร 20=	· 24		Γ	X\$ 9=		OR	X\$18=	
INE	EPENDENT CL	AIMS	(-minus 3 =		. 2		H	X40=	 	1	X80≈	
ML	LTIPLE DEPEN	DENT CLAIM PI	RESENT						-	OR		
I Make difference in each me dain less than passe and a Malin solution O							L	+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	
6-28-04 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							_ 4	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A	3,4	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVH PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	· 23	Minus	••	34	- /		X\$ 9=		OR	X\$18=	
	Independent	· 3	Minus	•••	5	- /		X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	
1	/-/8-05 (Column 1) (Column 2) (Column 3)									.	ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING		HIGH		PRESENT	Г		ADDI-			ADDI-
		AFTER AMENDMENT		PREVI		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 25	Minus	••	34	= /		X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus	•••	.5	=/_		X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=	
								YOYAL			TOTAL	
11 15 05 (Column 1) (Column 2) (Column 3)								DIT. FEE	<u> </u>	OR	ADDIT. FEE	
	HIODS	CLAIMS		(Cotur	EST	(Column 3)		-	4001			4001
AMENOMENT C		REMAINING AFTER AMENDMENT	·	NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 25	Minus	را) :	4	= Q	Г	X\$ 9=		OR	X\$18=	·
	independant	<u>ඉ</u>	Minus	***	5	<i>- O</i>		X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.												
** \$	I the "Highest Nun I the "Highest Nur	nber Previously Pa nber Previously Pa nber Previously Paid ber Previously Paid	id For IN THIS	S SPACE I	s tess than s less than	n 20, enter "20." n 3, enter "3."		TOTAL DIT. FEE in the ap	propriate bo		TOTAL ADDIT, FEE Lumn 1,	

ميا الحادث مر

Application or Docket Number